

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?: No

Number of copies of CRF::

Title:: Modular Volumetric Compressor

Attorney Docket Number:: BONNP42

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?: Yes

Latin name::

Variety denomination name::

Petition included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Patent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: IT

Status:: Full Capacity

Given Name:: Gianni

Middle Name::

Family Name:: Candio

Name Suffix::

City of Residence:: Lonigo (VI)

State or Province of Residence::

Country of Residence:: IT

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State or Province of mailing address::

Country of mailing address:: IT

Postal or Zip Code of mailing address:: 36045

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Enrico
Middle Name::
Family Name:: Faccio
Name Suffix::
City of Residence:: Cologna Veneta (VR)
State or Province of Residence::
Country of Residence:: IT
Street of mailing address:: Via Quari Destra, 55
City of mailing address:: Cologna Veneta (VR)
State or Province of mailing address::
Country of mailing address:: IT
Postal or Zip Code of mailing address:: 37044

Applicant Authority Type:: Inventor
Primary Citizenship Country:: IT
Status:: Full Capacity
Given Name:: Andrea
Middle Name::
Family Name:: Tonin
Name Suffix::
City of Residence:: Brogliano (VI)

State or Province of Residence::

Country of Residence:: IT

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City of mailing address:: Brogliano (VI)

State or Province of mailing address::

Country of mailing address:: IT

Postal or Zip Code of mailing address:: 36070

Correspondence Information

Correspondence Customer Number:: 000049691

Name::

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State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax number::

E-Mail address::

Representative Information

Representative Customer Number::	000049691	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
IT	VI2004A000035	03/04/04	Yes

Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::